Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

FORM PTO-875' (Rev. 8/00)

		CLAIMS AS		mn 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY			
TOTAL CLAIMS			94					RATE	FEE		RATE	FEE
FOR NUMBER FILED				FILED	NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS 64 minu				us 20=	. 1	4		X\$ 9=		OR	X\$18 <b>=</b> į	252.
IND	NDEPENDENT CLAIMS minus 3 =					+		X40=	-3-	OR	X80=	80.
Μ̈́U	MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=	X
* If the difference in column 1 is less than zero, enter						olumn 2		TOTAL		OR	TOTAL	1042
CLAIMS AS AMENDED - PAR					TII				······································	,	OTHER	
(Column 1)				(Column 2) (Column 3)				SMALL	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER ·	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	in a second	Minus	*** **********************************		]=		X40=		OR	X80=	કુ મુક્કે <del>આવેલ</del>
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	TCLAIM		ן ל	+135=		OR	+270=	
		(Column 1)	egradi ili lett		mn 2)	(Column 3		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	* * * * * * * * * * * * * * * * * * *
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	- 10	RATE.	ADDI- TIONAL FEE
	Total		Minus	**		= '		X\$ 9=	-	QR	X\$18=	e prijeta
	Independent		Minus	***		=		X40=		OR	X80=	#. •
27 (	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ָן וַ	+135=		OR	+270=	*;
lander (k. 1881). Der eine Bereite der Ein Bereite der eine Bereite der eine Bereite der Bereite der Eine Bereite der Eine Bereite der Eine Bereite der E								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3	)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=	-		X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ل			OR		-
•	If the entry in colu	ımn 1 is l'ss than t	th' entry in col	umn 2. wri	te "0" in co	olumn 3.		+135=		OR	+270=	
	If the "Highest Nu	imber Previously F imber Previously F	aid For" IN TH	IS SPACE	is less tha	an 20, enter "20	0."	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
15 Mg.		nher Privi usly Pr						und in the ap	propriate bo	x in co	lumn 1.	